Western Washington U.A. Supplemental Pension Plan

2026 Voluntary Pre-Tax and Roth 401(k) Contribution Form

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____ Date of Birth _____/_____/_____

Street Address _____ City _____ State _____ Zip _____

Daytime Telephone # _____ Cell Phone # _____ Home Phone # _____

Employer _____ Phone # _____

Contribution Amount:

Please fill in below the hourly rate at which you wish your employer to deduct from your wages and contribute to your Supplemental Pension Plan Voluntary account in Section 1 and Section 2. If you are age 50 or older, you may elect to contribute an additional specific hourly rate for catch up purposes (e.g., $0.50/hour, $12.50/hour, etc.). The annual contribution to your Voluntary Account must not exceed the limits set each year by the I.R.S. **For 2026, if you are under the age of 50, you can save $24,500. If you are aged 50-59, you are eligible for a catch-up contribution and can save an additional $8,000. If you are age 60-63, you are eligible for the "super catch-up" of $3,250 (for a total catch-up of $11,250). At the age of 64, the standard catch-up kicks back in to 8,000.**

If your contribution exceeds the maximum allowed by law, any excess will be returned to you. You are responsible for keeping track of the ongoing total of your contributions to the Plan and whether your contributions are over the prescribed limits.

1. Voluntary Contribution
   - ☐ I elect to make a Pre-Tax contribution of $_____ per hour
   - ☐ I elect to make a Roth contribution of $_____ per hour

2. Catch Up Contribution
   - ☐ I elect to make a Pre-Tax contribution of $_____ per hour
   - ☐ I elect to make a Roth contribution of $_____ per hour

This contribution will be effective as soon as received and processed by your employer. This contribution must be accounted for separately from your negotiated fringe benefit contribution. You may cancel your contribution at any time. Changes to increase or decrease your Voluntary Contribution Rate may be made any time and will become effective as soon as administratively feasible.

Authorization:

By signing below, I hereby authorize my employer to deduct contributions at the above rate per hour from my wages to be deposited in my 401(k) Account in accordance with Plan rules. *This form must be returned to your employer to take effect.*

Effective Date _____

Employee's Signature _____ Date Signed _____

EMPLOYERS:
If you have questions, contact Milliman Service Center at (800) 481-7336
Reference Plan Code 121WWP.

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MCA Mechanical Contractors Association WESTERN WASHINGTON

Age	2026 Total Self-Contribution Limit	
Under age 50	$24,500	
Age 50 to 59	$32,500	Includes $8000 “catch-up”
Age 60 to 63	$35,750	Includes $11,250 “super catch-up”
Age 64 and up	$32,500	Includes $8000 “catch-up”